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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/490834

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	-	Total
Sm./Lg.				Sm. Entry	Lg. Entry		
Basic Filing Fee	201/101						690
Total Claims > 20	203/101	10	-20 =				
Independent Claims > 1	202/102	4	-1 =				78
Multi. Dep. Claim Present	204/104						
Surcharge	205/105						130/65
English Translation	119						
TOTAL FEE CALCULATION							898

Fees due upon filing the application

Total Filing Fees Due = \$ 898

Less Filing Fees Submitted \$ 0

BALANCE DUE = \$ 898

Smc
Office of Initial Patent Examination

Figure 7

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/490836

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

RATE	FEE
	345.00
X\$ 9=	
X39=	39
+130=	
TOTAL	384

OR

RATE	FEE
	690.00
X\$18=	
X78=	78
+260=	
TOTAL	768

TOTAL

OR

TOTAL

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	10	minus 20= *
INDEPENDENT CLAIMS	4	minus 3= * 1
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

OR

TOTAL

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 14	Minus ** 20	=
Independent	* 4	Minus *** 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 16	Minus ** 20	=
Independent	* 4	Minus *** 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

OR

TOTAL

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

OR

TOTAL

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.